Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8/20/07</u>	$\Lambda ddress;$	Woods & Park St
Case #:	35F26802		Fransico IN
County;	Gibson-26		Near the school
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Animonia:			
Hydrochloric Acid Gas Generator(s): 17			
Corrosive Acid: 1 pint			
Corrosive Base:			
Other (item and location):			
☐ Yes 2 (1 ☐ No *If yes, lax rep	r age 18 discovered (check one) number present) out to Child Protective Services	Retail/Mer ∑ Other:	Pscudoephedrine Tracking Log chant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Departm	nent: Fransico_VFD	Fax: Mailed	
Health Department: Gibson County		Fax: <u>(812) 3</u> Fax:	<u>86-8027</u>
Child Protec	tion Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Chad T Woodburn Phone 812-867-2079			

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scone processing.